

AMENDED IN SENATE JUNE 2, 2015
AMENDED IN SENATE MAY 5, 2015
AMENDED IN SENATE APRIL 22, 2015
AMENDED IN SENATE MARCH 23, 2015

SENATE BILL

No. 253

Introduced by Senator Monning
(Principal coauthor: Assembly Member Chiu)
(Coauthors: Senators Beall and Leno)
(Coauthor: Assembly Member Gatto)

February 18, 2015

An act to amend Section 4064.5 of the Business and Professions Code, and to ~~amend~~ *amend, repeal, and add* Section 369.5 ~~of of, and~~ *to add Section 369.4 to*, the Welfare and Institutions Code, relating to juveniles.

LEGISLATIVE COUNSEL'S DIGEST

SB 253, as amended, Monning. Dependent children: psychotropic medication.

Existing law establishes the jurisdiction of the juvenile court, which may adjudge children to be dependents of the court under certain circumstances, including when the child suffered or there is a substantial risk that the child will suffer serious physical harm, or a parent fails to provide the child with adequate food, clothing, shelter, or medical treatment. Existing law authorizes only a juvenile court judicial officer to make orders regarding the administration of psychotropic medications for a dependent child who has been removed from the physical custody of his or her parent. Existing law requires the court authorization for the administration of psychotropic medication to a child be based on a

request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication.

This bill ~~would, commencing July 1, 2016, would~~ require that an order authorizing the administration of psychotropic medications to a dependent child be granted only upon ~~the demonstration of the court's determination that there is~~ clear and convincing evidence that administration of the medication is in the best interest of the child and ~~the court determines~~ that specified requirements have been met, including a requirement that the prescribing physician confirms that he or she has conducted a comprehensive evaluation of the child, as specified. The bill would prohibit the court from authorizing the administration of psychotropic medications to a child under other specified circumstances, unless a 2nd independent medical opinion is obtained from a child psychiatrist or a ~~psychopharmacologist~~ *behavioral pediatrician*. The bill would prohibit the court from authorizing the administration of a psychotropic medication unless the court is provided documentation that appropriate *laboratory* screenings and tests for the child have been completed no more than 30 days prior to submission of the request to the court. The bill would impose additional requirements on the court to implement these provisions and to conduct review hearings, as specified. *The bill would require the child's social worker to submit a report to the court prior to the review hearing, to include information from the child, the child's caregiver, the public health nurse, and the court appointed special advocate. By increasing the duties of county social workers, this bill would create a state-mandated local program.* The bill would authorize psychotropic medication to be administered in an emergency without court authorization. The bill would require court authorization to be sought as soon as practical, but in no case more than 2 court days after emergency administration of the psychotropic medication. The bill would require the Judicial Council to adopt rules to implement these provisions.

This bill would require the State Department of Health Care Services, in collaboration with the Judicial Council, to identify resources to assist courts in securing 2nd review and 2nd opinions in order to avoid undue delays in the authorization of psychotropic medications.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state.

Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: ~~no~~-yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 4064.5 of the Business and Professions
2 Code is amended to read:
3 4064.5. (a) A pharmacist may dispense not more than a 90-day
4 supply of a dangerous drug other than a controlled substance
5 pursuant to a valid prescription that specifies an initial quantity of
6 less than a 90-day supply followed by periodic refills of that
7 amount if all of the following requirements are satisfied:
8 (1) The patient has completed an initial 30-day supply of the
9 dangerous drug.
10 (2) The total quantity of dosage units dispensed does not exceed
11 the total quantity of dosage units authorized by the prescriber on
12 the prescription, including refills.
13 (3) The prescriber has not specified on the prescription that
14 dispensing the prescription in an initial amount followed by
15 periodic refills is medically necessary.
16 (4) The pharmacist is exercising his or her professional
17 judgment.
18 (b) For purposes of this section, if the prescription continues
19 the same medication as previously dispensed in a 90-day supply,
20 the initial 30-day supply under paragraph (1) of subdivision (a) is
21 not required.
22 (c) A pharmacist dispensing an increased supply of a dangerous
23 drug pursuant to this section shall notify the prescriber of the
24 increase in the quantity of dosage units dispensed.
25 (d) In no case shall a pharmacist dispense a greater supply of a
26 dangerous drug pursuant to this section if the prescriber personally
27 indicates, either orally or in his or her own handwriting, "No
28 change to quantity," or words of similar meaning. Nothing in this
29 subdivision shall prohibit a prescriber from checking a box on a

1 prescription marked “No change to quantity,” provided that the
2 prescriber personally initials the box or checkmark. To indicate
3 that an increased supply shall not be dispensed pursuant to this
4 section for an electronic data transmission prescription as defined
5 in subdivision (c) of Section 4040, a prescriber may indicate “No
6 change to quantity,” or words of similar meaning, in the
7 prescription as transmitted by electronic data, or may check a box
8 marked on the prescription “No change to quantity.” In either
9 instance, it shall not be required that the prohibition on an increased
10 supply be manually initialed by the prescriber.

11 (e) This section does not apply to psychotropic medication or
12 psychotropic drugs as described in Section 369.5 of the Welfare
13 and Institutions Code.

14 (f) Nothing in this section shall be construed to require a health
15 care service plan, health insurer, workers’ compensation insurance
16 plan, pharmacy benefits manager, or any other person or entity,
17 including, but not limited to, a state program or state employer, to
18 provide coverage for a dangerous drug in a manner inconsistent
19 with a beneficiary’s plan benefit.

20 ~~SEC. 2.—Section 369.5 of the Welfare and Institutions Code is~~
21 ~~amended to read:~~

22 ~~369.5. (a) If a child is adjudged a dependent child of the court~~
23 ~~under Section 300 and the child has been removed from the~~
24 ~~physical custody of the parent under Section 361, only a juvenile~~
25 ~~court judicial officer shall have authority to make orders regarding~~
26 ~~the administration of psychotropic medications for that child. The~~
27 ~~juvenile court may issue a specific order delegating this authority~~
28 ~~to a parent upon making findings on the record that the parent~~
29 ~~poses no danger to the child and has the capacity to authorize~~
30 ~~psychotropic medications. Court authorization for the~~
31 ~~administration of psychotropic medication shall be based on a~~
32 ~~request from a physician, indicating the reasons for the request, a~~
33 ~~description of the child’s diagnosis and behavior, the expected~~
34 ~~results of the medication, and a description of any side effects of~~
35 ~~the medication. On or before July 1, 2016, the Judicial Council~~
36 ~~shall adopt rules of court and develop appropriate forms for~~
37 ~~implementation of this section. Whenever the court authorizes the~~
38 ~~administration of a psychotropic medication, it shall ensure that~~
39 ~~the administration of the psychotropic medication is only one part~~
40 ~~of a comprehensive treatment plan for the child that shall include~~

1 and specify the psychosocial services the child will receive in
2 addition to any authorized medication.

3 (b) (1) An order authorizing the administration of psychotropic
4 medications pursuant to this section shall only be granted on clear
5 and convincing evidence that administration of the medication is
6 in the best interest of the child based on a determination that the
7 anticipated benefits of the psychotropic medication outweigh the
8 short- and long-term risks associated with the medications. An
9 order authorizing the administration of psychotropic medication
10 pursuant to this section shall not be granted if the court determines
11 that the medication is being used as punishment, for the
12 convenience of staff, as a substitute for other less invasive
13 treatments, or in quantities or dosages that interfere with the child's
14 treatment program.

15 (2) An order authorizing the administration of psychotropic
16 medications pursuant to this section shall only be granted if the
17 court determines all of the following:

18 (A) The court is provided documentation confirming the child's
19 caregiver has been informed, and the child has been informed in
20 an age and developmentally appropriate manner, about the
21 recommended medications, the anticipated benefits, the nature,
22 degree, duration, and probability of side effects and significant
23 risks commonly known by the medical profession, and of
24 psychosocial treatments to be considered concurrently with or as
25 an alternative to the medication.

26 (i) The documentation shall state that the child and the child's
27 caregiver have been asked whether either have concerns regarding
28 the medication, and if so, shall describe the nature of those
29 concerns. The documentation shall confirm that the child has been
30 informed of the right to request a hearing pursuant to subdivision
31 (g).

32 (ii) The documentation shall include the written informed
33 consent of a child who is 14 years of age or older, after being
34 advised pursuant to this subparagraph.

35 (B) The prescribing physician submitting the request for
36 psychotropic medication confirms that he or she conducted a
37 comprehensive examination of the child in compliance with Section
38 2242 of the Business and Professions Code and consistent with
39 the Psychiatric Evaluation and Diagnosis provisions included in
40 the Guidelines for the Use of Psychotropic Medication with

1 Children and Youth in Foster Care issued by the state, which takes
2 into account all of the following:

- 3 (i) The child's trauma history;
- 4 (ii) The child's medical records, including medication history;
- 5 (iii) Multiple sources of information, including, but not limited
6 to, the child, the child's parents, relatives, teacher, caregiver or
7 caregivers, past prescribers of psychotropic medication, or other
8 health care providers;

9 (C) The prescribing physician shall also confirm all of the
10 following:

- 11 (i) There are no less invasive and effective treatment options
12 available to meet the needs of the child;
- 13 (ii) The dosage or dosage range requested is appropriate for the
14 child;
- 15 (iii) The short- and long-term risks associated with the use of
16 psychotropic medications by the child does not outweigh the
17 reported benefits to the child;
- 18 (iv) All appropriate lab screenings, measurements, or tests for
19 the child have been completed in accordance with accepted medical
20 guidelines;

21 (D) A plan is in place for regular monitoring of the child's
22 medication and psychosocial treatment plan, the effectiveness of
23 the medication and psychosocial treatment, and any potential side
24 effects of the medication, by the physician in consultation with
25 the caregiver, mental health care provider, and others who have
26 contact with the child, as appropriate.

27 (3) The person or entity submitting the request for authorization
28 of the administration of psychotropic medication shall bear the
29 burden of proof established in this section.

30 (e) A court shall not issue an order authorizing the administration
31 of psychotropic medications for a child unless a second
32 independent medical opinion is obtained from a child psychiatrist
33 or a psychopharmacologist if one or more of the following
34 circumstances exist:

35 (1) The request is for any class of psychotropic medication for
36 a child who is five years of age or younger.

37 (2) The request would result in the child being administered
38 three or more psychotropic medications concurrently.

1 ~~(3) The request is for the concurrent administration of any two~~
2 ~~drugs from the same class unless the request is for medication~~
3 ~~tapering and replacement that is limited to no more than 30 days.~~

4 ~~(4) The request is for a dosage that exceeds the amount~~
5 ~~recommended for children.~~

6 ~~(5) The request is for the administration of a psychotropic~~
7 ~~medication that is subject to a federal Food and Drug~~
8 ~~Administration black box warning requirement or is for the~~
9 ~~administration of an antipsychotropic medication for a use that~~
10 ~~is not approved by the federal Food and Drug Administration for~~
11 ~~children or adolescents.~~

12 ~~(d) The court shall not authorize the administration of the~~
13 ~~psychotropic medication unless the court is provided~~
14 ~~documentation that all of the appropriate lab screenings,~~
15 ~~measurements, or tests for the child have been completed in~~
16 ~~accordance with accepted medical guidelines no more than 30 days~~
17 ~~prior to submission of the request to the court.~~

18 ~~(e) (1) No later than 60 days after the authorization of a new~~
19 ~~psychotropic medication is granted or at the next review hearing~~
20 ~~scheduled for the child pursuant to Section 366, 366.21, 366.22,~~
21 ~~or 366.31, if scheduled no earlier than 45 days after the~~
22 ~~authorization of a new psychotropic medication, the court shall~~
23 ~~conduct a review hearing to determine all of the following:~~

24 ~~(A) Whether the child is taking the medication or medications.~~

25 ~~(B) Whether psychosocial services and other aspects of the~~
26 ~~child's treatment plan have been provided to the child.~~

27 ~~(C) To what extent the symptoms for which the medication or~~
28 ~~medications were authorized have been alleviated.~~

29 ~~(D) Whether more time is needed to evaluate the effectiveness~~
30 ~~of the medication or medications.~~

31 ~~(E) What, if any, adverse effects the child has suffered.~~

32 ~~(F) Any steps taken to address those effects.~~

33 ~~(G) The date or dates of followup visits with the prescribing~~
34 ~~physician since the medication or medications were authorized.~~

35 ~~(H) Whether the appropriate followup laboratory screenings~~
36 ~~have been performed and their findings.~~

37 ~~(2) If based upon this review, the court determines that the~~
38 ~~proffered benefits of the medication have not been demonstrated~~
39 ~~or that the risks of the medication outweigh the benefits, the court~~

1 shall reconsider, modify, or revoke its authorization for the
2 administration of medication.

3 (f) (1) In counties in which the county child welfare agency
4 completes the request for authorization for the administration of
5 psychotropic medication, the agency is encouraged to complete
6 the request within three business days of receipt from the physician
7 of the information necessary to fully complete the request.

8 (2) Nothing in this subdivision is intended to change current
9 local practice or local court rules with respect to the preparation
10 and submission of requests for authorization for the administration
11 of psychotropic medication.

12 (g) Within seven court days from receipt by the court of a
13 completed request, the juvenile court judicial officer shall either
14 approve or deny in writing a request for authorization for the
15 administration of psychotropic medication to the child, or shall,
16 upon a request by the parent, the legal guardian, or the child's
17 attorney, or upon its own motion, set the matter for hearing.

18 (h) Psychotropic medication or psychotropic drugs are those
19 medications administered for the purpose of affecting the central
20 nervous system to treat psychiatric disorders or illnesses. These
21 medications include, but are not limited to, anxiolytic agents,
22 antidepressants, mood stabilizers, antipsychotic medications,
23 anti-Parkinson agents, hypnotics, medications for dementia, and
24 psychostimulants.

25 (i) (1) Psychotropic medications may be administered without
26 court authorization in an emergency. An emergency exists if all
27 of the following conditions are met:

28 (A) A physician finds that the child requires psychotropic
29 medication to treat a psychiatric disorder or illness.

30 (B) The medication is immediately necessary for the
31 preservation of life or the prevention of serious bodily harm to the
32 child or others. It is not necessary for the harm to take place or
33 become unavoidable prior to treatment.

34 (C) It is impractical to obtain authorization from the court before
35 administering the psychotropic medication to the child.

36 (2) Court authorization shall be sought as soon as practical, but
37 in no case more than two court days after the emergency
38 administration of psychotropic medication.

1 ~~(j) Nothing in this section is intended to supersede local court~~
2 ~~rules regarding a minor's right to participate in mental health~~
3 ~~decisions.~~

4 ~~(k) This section shall not apply to nonminor dependents, as~~
5 ~~defined in subdivision (v) of Section 11400.~~

6 *SEC. 2. Section 369.4 is added to the Welfare and Institutions*
7 *Code, to read:*

8 *369.4. The State Department of Health Care Services, in*
9 *collaboration with the Judicial Council, shall identify resources,*
10 *which may include, but need not be limited to, university-based*
11 *consultation services, to assist the courts in securing second review*
12 *and second opinions in order to avoid undue delays in the*
13 *authorization of medications pursuant to Section 369.5.*

14 *SEC. 3. Section 369.5 of the Welfare and Institutions Code is*
15 *amended to read:*

16 369.5. (a) If a child is adjudged a dependent child of the court
17 under Section 300 and the child has been removed from the
18 physical custody of the parent under Section 361, only a juvenile
19 court judicial officer shall have authority to make orders regarding
20 the administration of psychotropic medications for that child. The
21 juvenile court may issue a specific order delegating this authority
22 to a parent upon making findings on the record that the parent
23 poses no danger to the child and has the capacity to authorize
24 psychotropic medications. Court authorization for the
25 administration of psychotropic medication shall be based on a
26 request from a physician, indicating the reasons for the request, a
27 description of the child's diagnosis and behavior, the expected
28 results of the medication, and a description of any side effects of
29 the medication. On or before July 1, 2000, the Judicial Council
30 shall adopt rules of court and develop appropriate forms for
31 implementation of this section.

32 (b) (1) In counties in which the county child welfare agency
33 completes the request for authorization for the administration of
34 psychotropic medication, the agency is encouraged to complete
35 the request within three business days of receipt from the physician
36 of the information necessary to fully complete the request.

37 (2) Nothing in this subdivision is intended to change current
38 local practice or local court rules with respect to the preparation
39 and submission of requests for authorization for the administration
40 of psychotropic medication.

1 (c) Within seven court days from receipt by the court of a
2 completed request, the juvenile court judicial officer shall either
3 approve or deny in writing a request for authorization for the
4 administration of psychotropic medication to the child, or shall,
5 upon a request by the parent, the legal guardian, or the child's
6 attorney, or upon its own motion, set the matter for hearing.

7 (d) Psychotropic medication or psychotropic drugs are those
8 medications administered for the purpose of affecting the central
9 nervous system to treat psychiatric disorders or illnesses. These
10 medications include, but are not limited to, anxiolytic agents,
11 antidepressants, mood stabilizers, antipsychotic medications,
12 anti-Parkinson agents, hypnotics, medications for dementia, and
13 psychostimulants.

14 (e) Nothing in this section is intended to supersede local court
15 rules regarding a minor's right to participate in mental health
16 decisions.

17 (f) This section shall not apply to nonminor dependents, as
18 defined in subdivision (v) of Section 11400.

19 (g) *This section shall remain in effect only until July 1, 2016,*
20 *and as of January 1, 2017, is repealed, unless a later enacted*
21 *statute, that is enacted before January 1, 2017, deletes or extends*
22 *that date.*

23 SEC. 4. Section 369.5 is added to the Welfare and Institutions
24 Code, to read:

25 369.5. (a) *If a child is adjudged a dependent child of the court*
26 *under Section 300 and the child has been removed from the*
27 *physical custody of the parent under Section 361, only a juvenile*
28 *court judicial officer shall have authority to make orders regarding*
29 *the administration of psychotropic medications for that child. The*
30 *juvenile court may issue a specific order delegating this authority*
31 *to a parent, upon making findings on the record that the parent*
32 *poses no danger to the child and has the capacity to authorize*
33 *psychotropic medications. Court authorization for the*
34 *administration of psychotropic medication shall be based on a*
35 *request from a physician, indicating the reasons for the request,*
36 *a description of the child's diagnosis and behavior, the expected*
37 *results of the medication, and a description of any side effects of*
38 *the medication. On or before July 1, 2016, the Judicial Council*
39 *shall adopt rules of court and develop appropriate forms for*
40 *implementation of this section. Whenever the court authorizes the*

1 administration of a psychotropic medication, it shall ensure that
2 the administration of the psychotropic medication is only one part
3 of a comprehensive treatment plan for the child that shall include
4 and specify the psychosocial, behavioral, and alternative services,
5 if any, the child will receive in addition to any authorized
6 medication.

7 (b) (1) An order authorizing the administration of psychotropic
8 medications pursuant to this section shall be granted only upon
9 the court's determination that there is clear and convincing
10 evidence that administration of the medication is in the best interest
11 of the child based on a determination that the anticipated benefits
12 of the psychotropic medication outweigh the short- and long-term
13 risks associated with the medications. An order authorizing the
14 administration of psychotropic medication pursuant to this section
15 shall not be granted if the court determines that the medication is
16 being used as punishment, for the convenience of staff, as a
17 substitute for other less invasive treatments, or in quantities or
18 dosages that interfere with the child's treatment program.

19 (2) An order authorizing the administration of psychotropic
20 medications pursuant to this section shall be granted only if the
21 court determines all of the following:

22 (A) The court is provided documentation confirming the child's
23 caregiver has been informed, and the child has been informed in
24 an age and developmentally appropriate manner in the primary
25 language of the child, about the recommended medications, the
26 anticipated benefits, the nature, degree, duration, and probability
27 of side effects and significant risks commonly known by the medical
28 profession, and of psychosocial treatments and interventions
29 specific to the identified disorder and symptoms to be considered
30 concurrently with or as an alternative to the medication.

31 (i) The documentation shall state that the child and the child's
32 caregiver have been asked whether either have concerns regarding
33 the medication, and if so, shall describe the nature of those
34 concerns. The documentation shall confirm that the child has been
35 informed of the right to request a hearing pursuant to subdivision
36 (g).

37 (ii) The documentation shall include the written informed
38 consent of a child who is 14 years of age or older, after being
39 advised pursuant to this subparagraph.

1 (B) *The prescribing physician submitting the request for*
2 *psychotropic medication confirms that he or she conducted a*
3 *comprehensive examination of the child in compliance with Section*
4 *2242 of the Business and Professions Code and consistent with*
5 *the Psychiatric Evaluation and Diagnosis provisions included in*
6 *the Guidelines for the Use of Psychotropic Medication with*
7 *Children and Youth in Foster Care issued by the state, which takes*
8 *into account all of the following:*

9 (i) *The child's trauma history.*
10 (ii) *The child's medical records, including medication history.*
11 (iii) *Multiple sources of information, including, but not limited*
12 *to, the child, the child's parents, relatives, teacher, caregiver or*
13 *caregivers, past prescribers of psychotropic medication, or other*
14 *health care providers.*

15 (C) *The prescribing physician also confirms all of the following:*

16 (i) *There are no less invasive treatment options available to*
17 *meet the needs of the child.*

18 (ii) *The dosage or dosage range requested is appropriate for*
19 *the child.*

20 (iii) *The short- and long-term risks associated with the use of*
21 *psychotropic medications by the child does not outweigh the*
22 *reported benefits to the child.*

23 (iv) *All appropriate laboratory screenings, measurements, or*
24 *tests for the child have been completed in accordance with accepted*
25 *medical guidelines.*

26 (D) *A plan is in place for regular monitoring of the child's*
27 *medication and psychosocial treatment plan, the effectiveness of*
28 *the medication and psychosocial treatment, and any potential side*
29 *effects of the medication, by the physician in consultation with the*
30 *caregiver, mental health care provider, and others who have*
31 *contact with the child, as appropriate.*

32 (3) *The person or entity submitting the request for authorization*
33 *of the administration of psychotropic medication is responsible*
34 *for providing the necessary documentation of the clinical*
35 *appropriateness of the proposed psychotropic medication and*
36 *shall bear the burden of proof established in this section.*

37 (c) *A court shall not issue an order authorizing the*
38 *administration of psychotropic medications for a child unless a*
39 *second independent medical opinion is obtained from a child*

1 *psychiatrist or a behavioral pediatrician if one or more of the*
2 *following circumstances exist:*

3 *(1) The request is for any class of psychotropic medication for*
4 *a child who is five years of age or younger.*

5 *(2) The request would result in the child being administered*
6 *three or more psychotropic medications concurrently.*

7 *(3) The request is for the concurrent administration of any two*
8 *drugs from the same class unless the request is for medication*
9 *tapering and replacement that is limited to no more than 30 days.*

10 *(4) The request is for a dosage that exceeds the amount*
11 *recommended for children.*

12 *(d) The court shall not authorize the administration of the*
13 *psychotropic medication unless the court is provided with*
14 *documentation that all of the appropriate laboratory screenings,*
15 *measurements, or tests for the child have been completed in*
16 *accordance with accepted medical guidelines no more than 30*
17 *days prior to submission of the request to the court.*

18 *(e) (1) No later than 60 days after the authorization of a new*
19 *psychotropic medication is granted or at the next review hearing*
20 *scheduled for the child pursuant to Section 366, 366.21, 366.22,*
21 *or 366.31, if scheduled no earlier than 45 days after the*
22 *authorization of a new psychotropic medication, the court shall*
23 *conduct a review hearing to determine all of the following:*

24 *(A) Whether the child is taking the medication or medications.*

25 *(B) Whether psychosocial services and other aspects of the*
26 *child's treatment plan have been provided to the child.*

27 *(C) To what extent the symptoms for which the medication or*
28 *medications were authorized have been alleviated.*

29 *(D) Whether more time is needed to evaluate the effectiveness*
30 *of the medication or medications.*

31 *(E) What, if any, adverse effects the child has suffered.*

32 *(F) Any steps taken to address those effects.*

33 *(G) The date or dates of followup visits with the prescribing*
34 *physician since the medication or medications were authorized.*

35 *(H) Whether the appropriate followup laboratory screenings*
36 *have been performed and their findings.*

37 *(2) Prior to the review, the child's social worker shall submit*
38 *a report to the court and to counsel for the parties, which shall*
39 *include information from the child, the child's caregiver, the public*
40 *health nurse, and the court appointed special advocate, if any.*

1 (3) *If based upon this review, the court determines that the*
2 *proffered benefits of the medication have not been demonstrated*
3 *or that the risks of the medication outweigh the benefits, the court*
4 *shall reconsider, modify, or revoke its authorization for the*
5 *administration of medication.*

6 (f) (1) *In counties in which the county child welfare agency*
7 *completes the request for authorization for the administration of*
8 *psychotropic medication, the agency is encouraged to complete*
9 *the request within three business days of receipt from the physician*
10 *of the information necessary to fully complete the request.*

11 (2) *This subdivision is not intended to change current local*
12 *practice or local court rules with respect to the preparation and*
13 *submission of requests for authorization for the administration of*
14 *psychotropic medication.*

15 (g) *Within seven court days from receipt by the court of a*
16 *completed request, the juvenile court judicial officer shall either*
17 *approve or deny in writing a request for authorization for the*
18 *administration of psychotropic medication to the child, refer the*
19 *request for a second opinion as required by subdivision (c), or*
20 *shall, upon a request by the parent, the legal guardian, or the*
21 *child's attorney, or upon its own motion, set the matter for hearing.*

22 (h) *If the court grants the request, or modifies and then grants*
23 *the request, the order for authorization is effective until terminated*
24 *or modified by court order or until 180 days following the date of*
25 *the order, whichever is earlier.*

26 (i) *Psychotropic medication or psychotropic drugs are those*
27 *medications administered for the purpose of affecting the central*
28 *nervous system to treat psychiatric disorders or illnesses. These*
29 *medications include, but are not limited to, anxiolytic agents,*
30 *antidepressants, mood stabilizers, antipsychotic medications,*
31 *anti-Parkinson agents, hypnotics, medications for dementia, and*
32 *psychostimulants.*

33 (j) (1) *Psychotropic medications may be administered without*
34 *court authorization in an emergency. An emergency exists if all*
35 *of the following conditions are met:*

36 (A) *A physician finds that the child requires psychotropic*
37 *medication to treat a psychiatric disorder or illness.*

38 (B) *The medication is immediately necessary for the preservation*
39 *of life or the prevention of serious bodily harm to the child or*

1 *others. It is not necessary for the harm to take place or become*
2 *unavoidable prior to treatment.*

3 *(C) It is impractical to obtain authorization from the court*
4 *before administering the psychotropic medication to the child.*

5 *(2) Court authorization shall be sought as soon as practical,*
6 *but in no case more than two court days after the emergency*
7 *administration of psychotropic medication.*

8 *(k) This section is not intended to supersede local court rules*
9 *regarding a minor's right to participate in mental health decisions.*

10 *(l) This section shall not apply to nonminor dependents, as*
11 *defined in subdivision (v) of Section 11400.*

12 *(m) This section shall become operative on July 1, 2016.*

13 *SEC. 5. If the Commission on State Mandates determines that*
14 *this act contains costs mandated by the state, reimbursement to*
15 *local agencies and school districts for those costs shall be made*
16 *pursuant to Part 7 (commencing with Section 17500) of Division*
17 *4 of Title 2 of the Government Code.*